

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/868163** FILING DATE  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				1		51						
2		1				1	52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13		1					63						
14		1					64						
15		1					65						
16		1					66						
17		1					67						
18		1					68						
19	1						69						
20		1					70						
21	1						71						
22	1						72						
23		1.48					73						
24		1.48					74						
25		1.43					75						
26		1.47					76						
27		1.41					77						
28		1.47					78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5	0		0	1	0	TOTAL IND.		0		0		0
TOTAL DEP.	0	5		0	0	5	TOTAL DEP.		0		0		0
TOTAL CLAIMS	5	5		0	1	5	TOTAL CLAIMS		0		0		0

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS